PTO/SB/31 (06-09)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES URQU.P-019 I hereby certify that this correspondence is being facsimile transmitted In re Application of to the USPTO or deposited with the United States Postal Service with Camen sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-Application Number Filed 1450° [37 CFR 1.8(a)] 9/19/2005 10/549 551 For A Containment Device Signature_ Art Unit Typed or printed 1654 Brahan name . Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner, s 540 The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the muna So applicant/inventor. assignee of record of the entire interest, Marina T. Larson See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Typed or printed name attorney or agent of record. 32.038 (970) 262-1800 Registration number Telephone number attorney or agent acting under 37 CFR 1.34. June 15, 2009 Registration number if acting under 37 CFR 1.34. Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is 168 (and by the USPTO) to process) an application. Condificationally is governed by 50 LS. C. 12 and 37 CFR 11.11.14 and 41.6. This colorisot is estimated to list of understand the complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete in form and/or supplessions for reducing this burden, should be sent to the Child process. Office, U.S. Peartner of Commerce, P.O. Box 1499, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMSTOTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMSTOTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMSTOTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMSTOTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DO NOT SEND FEES OR COMPLETED FORMSTOTHIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Alexandria, VA 2231-4450, DR. SEND TO: Commissioner for Patients, P.O. Box 1499, Al

*Total of

forms are submitted.